



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Global Molecular Labs

Respondent Name

Electric Insurance Co

MFDR Tracking Number

M4-17-3215-01

Carrier's Austin Representative

Box Number 17

MFDR Date Received

July 3, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The charges referenced herein were file with the Carrier and denied for "pre-certification or authorization or notification absent". We do not believe this service required pre-authorization and requested reconsideration from the carrier."

Amount in Dispute: \$6,250.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Requestor's Table of Disputed Services indicates they want to be reimbursed the full billed amount for CPT code G0483. However, the amount billed does not represent the Medicare guideline amount. Requestor was reimbursed \$390.11 pursuant to the Medicare fee guidelines for CPT code G0483. Therefore, no additional monies are owed for the billed code."

Response Submitted by: Downs Stanford, P.C.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 5, 2016	G0483	\$6,250.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out reimbursement guidelines for professional services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 197 – Payment denied/reduced for absence of precertification/authorization

- 5284 – Payment is denied-service not authorized
- W3 – Additional payment made on appeal/reconsideration
- 216 – Based on the findings of a review organization
- 193 – Original payment decision is being maintained
- P12 – Workers’ compensation jurisdictional fee schedule adjustment
- 948 – Re-reviewed at providers request with additional information and documentation additional payment suggested

Issues

1. Are the insurance carrier’s reasons for denial of payment supported?
2. What rule applies to the applicable fee guideline?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor is seeking reimbursement of Code G0483 – “Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; [22](#) or more drug class(es), including metabolite(s) if performed” rendered on December 5, 2016 in the amount of \$6,250.00

The insurance carrier in its response states, “Requestor was reimbursed \$390.11 pursuant to the Medicare fee guidelines.”

The Division finds the previous denials were not maintained. Therefore, the maximum allowable reimbursement will be calculated per the applicable fee guideline below.

2. 28 Texas Administrative Code 134.203 (e) states in pertinent part,
The MAR for pathology and laboratory services not addressed in subsection (c)(1) of this section or in other Division rules shall be determined as follows:
 - (1) 125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule for the technical component of the service; and,
 - (2) 45 percent of the Division established MAR for the code derived in paragraph (1) of this subsection for the professional component of the service.

The MAR is calculated as:

Medicare fee guideline for G0483 = \$215.23 x 125% = \$269.04. There is no professional component for this code. The total MAR is \$269.04.

3. The maximum allowable reimbursement for the services in dispute is \$269.04. The carrier previously paid \$290.11. No additional payment is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

July 28, 2017
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.